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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/553,594
	Filing Date	October 18, 2005
	First Named Inventor	Richard L. BOYD
	Title	DISEASE PREVENTION AND VACCINATION PRIOR TO THYMIC
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	0286336.00159US2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23483

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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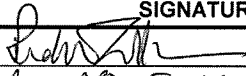
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	15-02-08
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Title and Company	CHIEF EXECUTIVE OFFICER, NORWOOD IMMUNOLOGY LIMITED		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.